## BEST AVAILABLE CULL

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Application or Docket Number | • •                           |
|------------------------------|-------------------------------|
|                              | (pphoation of Decited Harriss |

10040876

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                       |   |                 |                                      |                                  |                  |     | SMALL ENTITY TYPE  OR                 |                        |          | OTHER THAN<br>SMALL ENTITY |                        |  |
|--|---------------------------------------|---|-----------------|--------------------------------------|----------------------------------|------------------|-----|---------------------------------------|------------------------|----------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |                                       |   | 24              |                                      |                                  |                  |     | RATE                                  | FEE                    |          | RATE                       | FEE                    |  |
| FOR  |                                       |   | NUMBER FILED    |                                      | NUMBER EXTRA                     |                  |     | BASIC FÉE                             | 370.00                 | OR       | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |                                       |   | 24 min          | us 20=                               | * 4                              |                  |     | X\$ 9=                                |                        | OR       | X\$18=                     | 72                     |  |
| INDEPENDENT CLAIMS   |                                       |   | 6 mi            | nus 3 =                              | 3                                |                  |     | X42=                                  |                        | OR       | X84=                       | 252                    |  |
| MU   | LTIPLE DEPENI                         | DENT CLAIM PI   | RESENT          |                                      |                                  |                  |     | +140=                                 |                        | OR       | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                       |   |                 |                                      |                                  |                  |     | TOTAL                                 |                        | OR       | TOTAL                      | 1064                   |  |
|  | , CI                                  | _AIMS AS A<br>(Column 1)  | MENDED          | MENDED - PART II  (Column 2) (Column |                                  |                  |     | SMALL E                               | NTITY                  | OR       | OTHER<br>SMALL             |                        |  |
| ENT A  |                                       | CLAIMS AREMAINING AFTER AMENDMENT   |                 | NUM<br>PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>   | Total                                 | *   | Minus           | **                                   |                                  | =                |     | X\$ 9=                                |                        | OR       | X\$18=                     |                        |  |
| AME  | Independent                           | ****  | Minus           | ***                                  | T.O. A.13.1                      | ]=               |     | X42=                                  |                        | OR       | X84=                       |                        |  |
|  | FIRST PRESE                           | NTATION OF M  | ULTIPLE DEI     | -ENUEN                               | CLAIM                            |                  |     | +140=                                 |                        | OR       | +280=                      |                        |  |
|  |                                       |   |                 |                                      |                                  |                  | 1   | TOTAL<br>ADDIT. FEE                   |                        | OR       | TOTAL<br>ADDIT, FEE        |                        |  |
|  | · · · · · · · · · · · · · · · · · · · | (Column 1)  |                 | (Colu                                | ımn 2)                           | (Column 3)       |     | , , , , , , , , , , , , , , , , , , , |                        | <b>-</b> |                            |                        |  |
| ENT B  |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | NUI<br>PREV                          | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total                                 | *   | Minus           | **                                   |                                  | =                |     | X\$ 9=                                |                        | OR       | X\$18=                     |                        |  |
|  | Independent                           | *   | Minus           | ***                                  | IT OL ASS                        | =                | -   | X42=                                  |                        | OR       | X84=                       |                        |  |
| ╠  | FIRST PRESE                           | NTATION OF M  | ULTIPLE DE      | PENDEN                               | II CLAIM                         |                  | ]   | +140=                                 |                        | OR       | +280=                      |                        |  |
|  |                                       |   |                 |                                      |                                  |                  |     | TOTAL<br>ADDIT. FEE                   |                        | OR       | TOTAL<br>ADDIT. FEE        |                        |  |
|  | · .                                   | (Column 1)  |                 |                                      | umn 2)                           | (Column 3)       |     |                                       |                        |          |                            |                        |  |
| AMENDMENT C  |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | NU<br>PREV                           | HEST<br>MBER<br>(IOUSLY<br>D FOR | PRESENT<br>EXTRA |     | RATE                                  | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| N S  | Total                                 | *   | Minus           | **                                   |                                  | =                | ]   | X\$ 9=                                |                        | OR       | X\$18=                     |                        |  |
| ME   | Independent                           | *   | Minus           | ***                                  |                                  | =-               |     | X42=                                  |                        | OR       | X84=                       |                        |  |
| L  | FIRST PRESE                           | NTATION OF N  | MULTIPLE DE     | PENDE                                | NT CLAIN                         | <u> </u>         | j   | +140=                                 |                        | OR       |                            | 1                      |  |
|  | If the entry in colu                  | ımn 1 is less than  | the entry in co | lumn 2, wr                           | ite "0" in c                     | olumn 3.         | . " | TOTAL                                 | <del>-</del>           | 4        | TOTA                       |                        |  |
| -  | *If the "Highest No                   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                 |                                      |                                  |                  |     |                                       |                        |          |                            |                        |  |